

This checklist includes the most common information requested by treatment centers. You should check with the treatment center directly to confirm the process for referral and information required.

Reminder: If you need to find a treatment center, refer to the [Treatment Center Locator](#).*

- ☐ Documented ECOG score
- ☐ Medical history and most recent progress report
- ☐ Pathology (related to prostate cancer)
- ☐ PSMA PET/CT images to be sent via an imaging transfer site or mail
- ☐ Recent lab work including CMP, baseline CBC with differential, and PSA level test
- ☐ If applicable, documentation of taxane-based chemotherapy treatment OR appropriate to delay taxane-based treatment
- ☐ Documentation of an ARPI completed before consult (include documentation of intolerance to ARPI, if applicable)

Notes:

ARPI, androgen receptor pathway inhibitor; CBC, complete blood count; CMP, comprehensive metabolic panel; CT, computed tomography; ECOG, Eastern Cooperative Oncology Group; PET, positron emission tomography; PSA, prostate-specific antigen; PSMA, prostate-specific membrane antigen.

*Novartis Pharmaceuticals Corporation does not provide or supervise medical care furnished through these treatment centers, which are independently owned and operated.

Please see Important Safety Information and full [Prescribing Information](#).



Enroll your patient in **Novartis Patient Support**

Novartis Patient Support can provide your patients with dedicated guidance about insurance and financial support.

If you would like Novartis Patient Support to complete a benefits investigation and submit the results to the treatment center, please complete the Start Form.

Complete entire form and fax to Novartis Patient Support at 1-844-638-7329. Questions? Contact 1-844-638-7222.

Novartis Patient Support™

PLUVICTO®
lutetium Lu 177 vipivotide tetraxetan
INJECTION FOR INTRAVENOUS USE

START FORM

REQUIRED

Please check the box below if support is requested for:
☐ **LOCAMETZ®** (kit for the preparation of gallium Ga 68 gozetotide injection)

1. Patient Information For patients under 18 years of age, please provide parent or authorized representative's email and phone number.

☐ First Name ☐ Last Name ☐ Phone Number — We'll keep you informed through non-marketing calls and texts*
☐ Date of Birth (MM/DD/YYYY) ☐ Sex: ☐ Male ☐ Female OK to Leave Voicemail: ☐ Yes ☐ No
☐ Address (No PO Box) Preferred Language: ☐ English ☐ Spanish ☐ Other: _____
☐ City ☐ State ☐ ZIP Email _____
 I give permission to disclose my personal health information to the following Authorized Representative (optional):
 Authorized Representative Name Relationship to Patient Authorized Representative Phone Number — We'll keep you informed through non-marketing calls and texts*
☐ Mobile ☐ Home

2. Patient Authorization and Additional Enrollment Consents I have read and agree to the Patient Authorization on page 4.

☒ **Patient/Authorized Representative Signature** ☐ Date (MM/DD/YYYY) ☐ Check here if signed by an Authorized Representative.
CO-PAY PLUS! FOR PLUVICTO
 Pay as little as \$0
☐ I have read and agree to the Co-Pay Plus Terms and Conditions on page 4.
GET ACCESS TO ONGOING SUPPORT
☐ I'd like to sign up for access to ongoing support. I'll get PLUVICTO tips, resources, and reminders from Novartis Patient Support at the mobile phone number(s) I gave above. By checking this box, I agree to receive recurring marketing calls and texts from and on behalf of Novartis Pharmaceuticals Corporation. These calls and texts may be automatic or recorded in advance. The number of calls and message frequency varies. My consent is not a condition of getting any goods or services from Novartis. I can opt out of the program at any time by calling 1-844-638-7222. I can also text "STOP" to any Novartis Patient Support Ongoing Support message to opt out of texts or "HELP" for more information about this service. Message and data rates may apply.

3. Insurance Information Please include a copy (front and back) of the patient's insurance card(s) and/or complete the section below.

Check all that apply: ☐ Patient is the Policy Holder ☐ Patient is Uninsured ☐ Image(s) of Insurance Card(s) Included

☒ **Primary Medical Insurance** ☐ Private ☐ Medicare Advantage ☐ Medicare B ☐ Medicaid ☐ Other: _____

Insurance/Payer	Plan Name	Policy Phone Number
Member ID Number	Group Number	

☐ **Secondary Medical Insurance** ☐ Private ☐ Medicare Advantage ☐ Medicare B ☐ Medicaid ☐ Other: _____

Insurance/Payer	Plan Name	Policy Phone Number
Member ID Number	Group Number	

Do Not Fax Patient Medical Records. An incomplete Start Form may delay the start of treatment.

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To enroll, download the **Start Form**, complete all required fields, sign, and then submit via fax to Novartis Patient Support at **1-844-638-7329**.

Please reach out to the treatment center to make sure all of the necessary information is captured, as it may vary for different sites.

For more information about PLUVICTO, please visit PLUVICTO-hcp.com.

Indication

PLUVICTO[®] (lutetium Lu 177 vipivotide tetraxetan) is indicated for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor pathway inhibition (ARPI) therapy, and

- are considered appropriate to delay taxane-based chemotherapy, or
- have received prior taxane-based chemotherapy

IMPORTANT SAFETY INFORMATION

Risk From Radiation Exposure

PLUVICTO contributes to a patient's long-term cumulative radiation exposure, which is associated with an increased risk for cancer.

Minimize radiation exposure to patients, medical personnel, and others during and after treatment with PLUVICTO consistent with institutional practices, patient treatment procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection.

Ensure patients increase oral fluid intake and advise them to void as often as possible to reduce bladder radiation.

To minimize radiation exposure to others, advise patients to limit close contact (less than 3 feet) with household contacts for 2 days or with children and pregnant women for 7 days, to refrain from sexual activity for 7 days, and to sleep in a separate bedroom from household contacts for 3 days, from children for 7 days, or from pregnant women for 15 days.

Myelosuppression

PLUVICTO can cause severe and life-threatening myelosuppression. In the PSMAfore study, grade 3 or 4 decreased hemoglobin (7%), decreased leukocytes (4.4%), decreased neutrophils (3.5%), and decreased platelets (2.7%) occurred in patients treated with PLUVICTO. One death occurred due to bone marrow failure during long-term follow-up in a patient who received PLUVICTO. In the VISION study, 4 myelosuppression-related deaths occurred.

Perform complete blood counts before and during treatment with PLUVICTO. Withhold, reduce dose, or permanently discontinue PLUVICTO based on severity of myelosuppression.

Renal Toxicity

PLUVICTO can cause severe renal toxicity. In the PSMAfore study, grade 3 or 4 acute kidney injury (1.3%) occurred in patients treated with PLUVICTO.

Advise patients to remain well hydrated and to urinate frequently before and after administration of PLUVICTO. Perform kidney function laboratory tests, including serum creatinine and calculated creatinine clearance (CrCl), before and during treatment. Withhold, reduce dose, or permanently discontinue PLUVICTO based on severity of renal toxicity.

Embryo-Fetal Toxicity

The safety and efficacy of PLUVICTO have not been established in females. Based on its mechanism of action, PLUVICTO can cause fetal harm. No animal studies using lutetium Lu 177 vipivotide tetraxetan have been conducted to evaluate its effect on female reproduction and embryo-fetal development; however, radioactive emissions, including those from PLUVICTO, can cause fetal harm. Advise males with female partners of reproductive potential to use effective contraception during treatment with PLUVICTO and for 14 weeks after the last dose.

Infertility

The recommended cumulative dose of 44.4 GBq of PLUVICTO results in a radiation-absorbed dose to the testes within the range where PLUVICTO may cause temporary or permanent infertility.

Adverse Reactions and Laboratory Abnormalities

In the pooled safety population for the PSMAfore and VISION studies (N=756), the most common ($\geq 20\%$) adverse reactions, including laboratory abnormalities, were decreased lymphocytes (83%), decreased hemoglobin (65%), fatigue (49%), dry mouth (46%), decreased platelets (40%), decreased estimated glomerular filtration rate (37%), nausea (35%), decreased neutrophils (31%), decreased calcium (29%), decreased sodium (27%), increased aspartate aminotransferase (26%), increased alkaline phosphatase (24%), arthralgia (22%), decreased appetite (21%), increased potassium (21%), constipation (21%), and back pain (21%).

Please see full [Prescribing Information](#).